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# Follow-up of the “At-Risk Mental State” (FARMS) study

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## Introduction

Over the last decade there have been orchestrated efforts to detect and intervene during the earliest stages of psychotic illness (Olsen & Rosenbaum, 2006). For adolescents early detection and intervention are key given that those who go on to develop psychosis have worse long term outcomes in comparison to those developing the condition in adulthood (Hollis, 2000).

Although several adult-based longitudinal studies already exist, we know very little about the initial presentation, clinical profile and short term outcomes of adolescents with an “At-Risk Mental State”. Research into the personal experiences and potentially stigmatising effects of being labelled as having an “At-Risk Mental State” is also scarce (Parnas, 2005).

### Study Aims

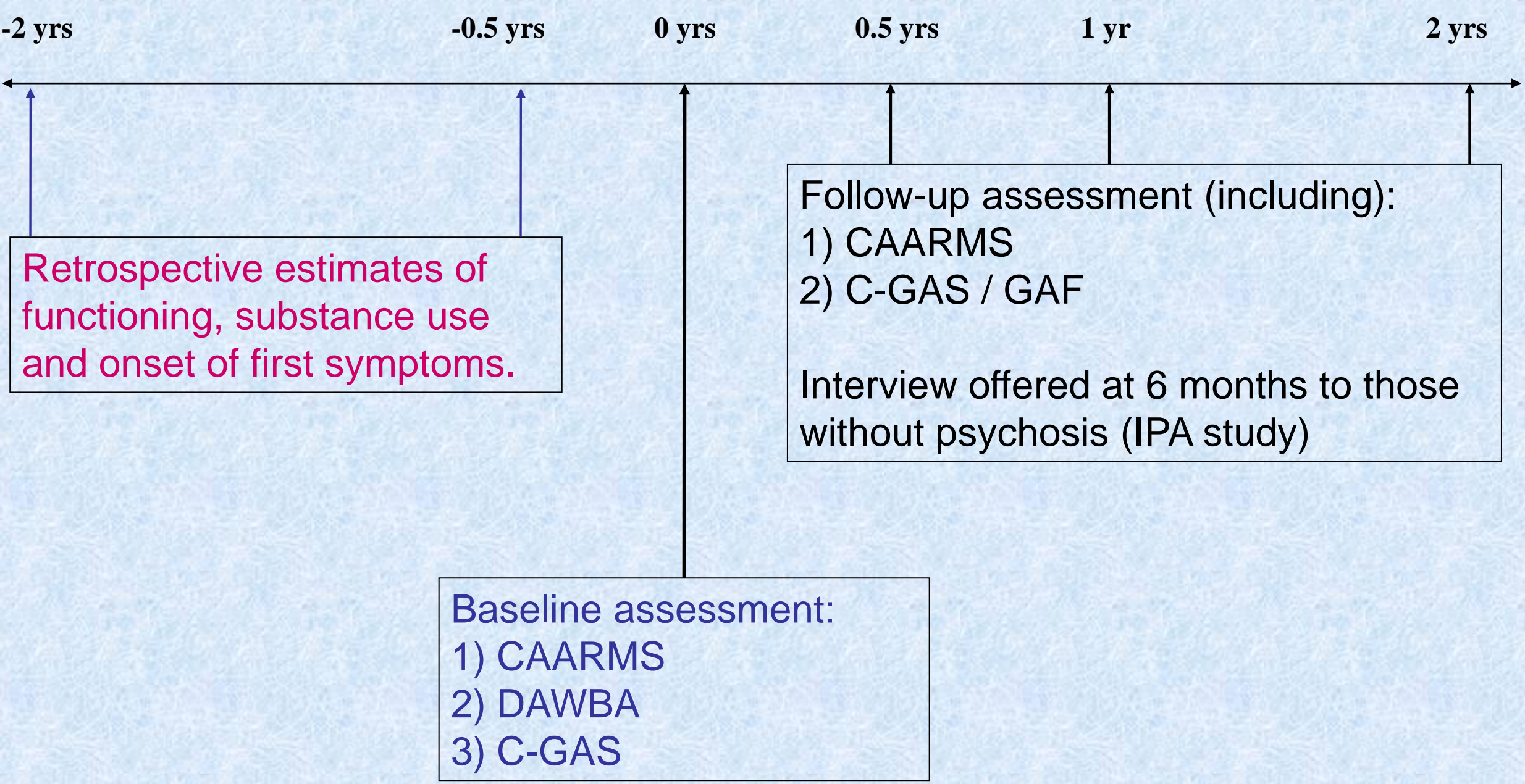
1. To identify and profile how adolescents with an “At-Risk Mental State” present to mental health services.
2. To monitor adolescents with an At-Risk Mental State over the short term to establish outcomes (transition rates, significant predictors)
3. To investigate adolescents personal experiences of being labelled “at risk”.

## Methodology

The FARMS study commenced in January 2010 and aims to recruit 25 to 50 adolescents (aged between 12-18 years old) with an At-Risk Mental State, as defined by the Melbourne Ultra High Risk criteria. Participants are recruited from Early Intervention in Psychosis and Child and Adolescent Mental Health Services within Northern England. All participants undergo an initial assessment upon study entry using the Comprehensive Assessment of At-Risk Mental States (CAARMS; Yung et al., 2005), the Development and Well-Being Assessment (DAWBA; Goodman et al., 2000) and the Children's Global Assessment Scale (C-GAS; Shaffer et al., 1983). Other assessment tools are also utilised for clinical assessment and research purposes. All baseline data will be analysed using a variety of appropriate statistical techniques.

Following study entry, assessments are repeated at 6, 12 and 24 months to review functioning, symptoms and transition rates. Selected participants who have not become psychotic at the six month follow up stage are approached to take part in a qualitative interview aimed at investigating the personal experiences of being labelled “at risk”. All qualitative data at this stage will be analysed using an Interpretive Phenomenological Analysis (IPA; Smith et al., 2009) framework (Figure 1).

Figure 1. Study Design

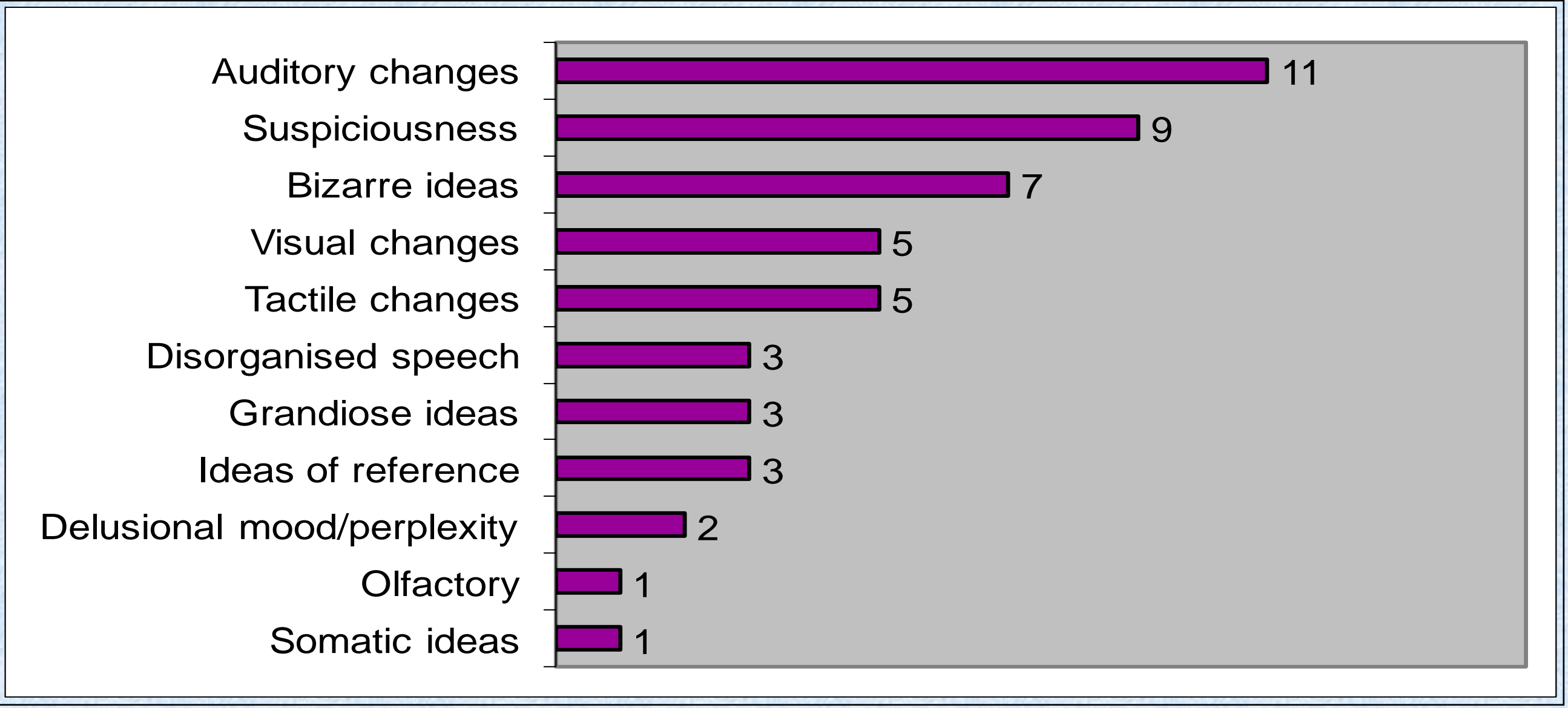


## Current findings

So far 11 participants have completed baseline assessments as part of the FARMS study. Gender distribution within the sample is predominately female (n=8, 73%) with a mean age of 15.46 years.

In terms of symptom profiles, all participants experienced significant auditory changes/experiences whilst the majority were also deemed to have significant feelings of suspiciousness as identified by the CAARMS (Figure 2).

Figure 2. Number of participants reporting various positive symptoms



\*To be deemed a significant positive symptom the symptom must score 3 or more on the CAARMS global rating scale for intensity.

Functioning scores using the C-GAS indicate variable degrees of functioning ranging from 48-65 with a mean score of 54.09 which demonstrates a significant level of impairment. Reported self harm (n=6) and suicide attempts (n=3) in the previous six months were commonly noted.

Using the ICD-10 Multi-axial diagnosis framework (WHO, 1996) several individuals met the criteria for a mild to moderate depressive episode whilst others met the threshold for various anxiety disorders (Table 1). Many participants also experienced several sub threshold difficulties in a variety of areas. As for the identification of associated abnormal psychosocial conditions (Axis V of the Multi-axial diagnosis framework) most participants had a first or second degree relative with a historical or current mental health diagnosis. Witnessing domestic violence and significant bullying by peers was also commonly reported.

Table 1. Current Clinical diagnoses (Axis I of the ICD-10 Multi-axial diagnosis framework)

ICD-10 Clinical diagnosis	(n)	(%)
<b>Mood Disorders:</b>	4	36
F32.1 Moderate Depressive Episode	2	18
F32.0 Mild Depressive Episode	1	9
F33.4 Recurrent Depressive Disorder, currently in remission	1	9
<b>Anxiety Disorders:</b>	3	27
F41.1 Generalised Anxiety Disorder	1	9
F43.1 Post-Traumatic Stress Disorder	1	9
F40.1 Social Phobia	1	9
<b>Other:</b>	1	9
F84.9 Pervasive Developmental Disorder, unspecified	1	9

In terms of short term outcomes, six participants have been monitored and reviewed over a six month period with none of these having made the transition to psychosis. Four individuals still meet the Melbourne Ultra High Risk criteria. Three participants have so far been interviewed as part of the qualitative study.

## Summary

By following an adolescent cohort for a period of up to two years, we should be able to answer how these individuals initially present to Early Intervention Services; how they experience their condition and whether they benefit from identification over the short/medium term.

So far our data suggests that the majority of adolescents presenting to services are female with significant impairments in functioning, who experience auditory disturbances and heightened feelings of suspiciousness. Many present with low mood or significant anxiety, have previously engaged in self harming behaviour and have a close relative with a significant mental health problem.

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